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ABSTRACT

An atmosphere of understanding, reassurance, and security are essential when informing parents of psychological and psychiatric test results which may label their child retarded, learning disabled, or emotionally disturbed. In a personal approach developed by the author reassurance is given to the parent in a nonthreatening environment; and security is gained through joint visits to classes of possible placement, talks with other school staff, and more formal involvement in parent groups. (Author/SBH)

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THE PROFESSIONAL - PERSONAL APPROACH TO HELPING PARENTS UNDERSTAND THEIR EXCEPTIONAL CHILD

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TOPIC: Parents

SUMMARY:

An atmosphere of understanding, reassurance and security are essential when informing parents of psychological and psychiatric test results which may label their child "retarded", "learning disabled" or "emotionally disturbed". A philosophy of assisting the parent in an understanding environment is possible with the personal approach developed by Ms. Eunice Noland, a mental health employee who serves a moderate-sized school system in Northwest Arkansas. Reassurance is given on a personal basis -- in the parent's home, on a walk with a mother, over a cup of tea and/or in other "nonthreatening" environments. Security is gained through joint visits to classes of possible placement, talks with other school staff, more formal involvement in parent groups, etc.

The focus of sharing with the parent is always the first message of concern and understanding -- the "label" their child may be given is an issue which is dealt with after the parent has had an opportunity to gain a foundation of support -- understanding, reassurance and security.

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THE PROFESSIONAL - PERSONAL APPROACH TO HELPING
PARENTS UNDERSTAND THEIR EXCEPTIONAL CHILD

Those professional mental healthworkers who are employed by schools to diagnose or assit in diagnosing learning, behavior, and emotional problems carry dual responsibilities. The first is to diagnose the child's problems accurately so that he can be made eligible for whatever special and support services are available to make his learning experiences easier, more productive, and happier. The second is to inform the parents of the results of psychological and psychiatric evaluations so that they are able to comprehend the diagnosis and to accept, with optimism, related programs and treatments for their child. This is essential if the child is to benefit optimumly from the special help the schools can provide or recommend since parental feelings are readily signaled to the child and determine, to a great extent, his response to the assistance he receives.

An atmosphere of understanding, reassurance, and security are essential when school staff and parents meet to inform each other of the observations they have made and the experiences they have had with the child. All involved can then work together to encourage the child's self acceptance, school progress, and the alleviation of other problems he experiences.

The traditional parent conference in the school setting with several school professionals in attendance is often rejected by parents of handicapped children for several reasons: (1) they have experienced a similar handicapping condition in their youth and feel they were not well served

by their school's special programs, (2) they feel uncomfortable with school personnel due to negative school experiences in their past, (3) they are apprehensive concerning the diagnosis of a problem they have observed, but not fully understood, (4) they are fearful or shy in the presence of professionals whose opinions they are unwilling to question, (5) they need the reassurance of familiar surroundings or associates when they discuss family-type problems, (6) they feel guilt in regard to their child's problem or condition and resist the confrontation the conferennce represents, (7) they feel the problems are being magnified or that, with time, they will disappear, (8) the conference may require that the parent be away from work or home responsibilities that take priority in use of their time, and (9) they lack transportation to attend.

When a school conference is proposed and the parents seem apprehensive, resistant, or negative concerning attendance, one of the above reasons might be determining their response. In such cases it is often helpful to explore with them if a more personal conference could take place with fewer persons involved and in a setting where they feel comfortable (i.e., their home, at place of work during break or lunch, over a cup of coffee at a restaurant, sitting in the park while their children play, at the home of a relative or friend, etc.). Frequently, the parent feels more secure if a close relative or friend is present during the conference so that their understanding and support can be avialable at that time and in the future.

The parents' understanding of existing problems and the psychological or psychiatric diagnosis is best promoted during an informal discussion of the child's life from infancy to his present age. It is best to

consider conversationally his health, diet, relationships with family members and other children, physical characteristics, attitudes, school work, and parental expectations. An objective and descriptive outline of his problems and/or condition, avoiding critical or judgmental terms, can clarify them for parents. If labels (i.e., retarded, learning disabled, emotionally disturbed, etc.) are necessary to qualify the child for special programs, they need to be carefully defined and the parents encouraged to question their meanings and implications. Parents can be additionally aided by being made aware of "average" learning, behavior, or emotional characteristics of children the age of their exceptional child.

During conferencing parents evidence a variety of feelings, both positive and negative, when they realize the extent of their child's handicapping condition and the effect it can have on their child's live and the lives of family members. Often relief, acceptance, and optimism result when such knowledge occurs. Anger, bitterness, fear, rejection, denial, despair, guilt, and sorrow are among the negative feelings parents experience and need to be helped to accept. The school mental health professional can be reassuring to the parents at this time in a number of ways: (1) parents can be helped to realize that their feelings are normal and that acceptance of them provides a place to begin in effecting a needed change of feelings; (2) parents can be encouraged to acknowledge that their parenting, if inadequate, was a predictable product of their past experiences and present needs -- this allows them to function free of the discouraging aspects of guilt; (3) parents can be encouraged to accept the fact that they can learn to parent their

handicapped child well by observing, reading, experimenting, asking questions, and accepting appropriate counseling when it is needed; (4) parents can be made aware that the responsibility for the care and teaching of their handicapped child is best shared with schools and other persons and agencies in the community. It can be accomplished when all work together focusing upon the uniqueness of their child and considering who can best meet his needs.

After the parents' understanding of their child and the school's efforts to assist him have been fostered, and the parents have been affirmed and reassured by the school mental health professional, ongoing security can be provided in several ways: (1) the school professional and parents can visit together the child's school and proposed special class and/or program so that parents' questions and reservations can be dealt with; (2) talks with other school staff members can be arranged so that parental understanding of their child and school plans can be enhanced by their contributed information, (3) future conferences can be arranged in order to provide a continuity of information concerning the child's needs and progress; (4) the parent can be directed to join groups dedicated to helping parents become more effective -- these groups can be heterogeneous as to problems considered or they might include only parents whose child has a similar handicapping condition and (5) the parent can be informed of other professionals to whom they can turn for substantiation of the diagnosis and treatment so that any doubts they have can be alleviated.

In working with parents it is helpful for all school personnel to remember that it is common for parents to be protective of their child

and defensive in reference to their parenting practices. If their child is handicapped, they have probably received much, and often conflicting and confusing advice concerning his care and training from relatives, friends, and others. Additionally, it is normal for parents to need time to absorb and accept new facts about their child's condition and problems and proposed ways of helping him. It is sometimes necessary for them to receive this information repeatedly, over a long period of time, or from several sources before acceptance is possible. All parents need affirmation and encouragement, but this is particularly true of those who have handicapped children. In their daily lives they encounter unusual amounts of frustration and discouragement and the expressed understanding and concern of others who work with their child is essential to them.

The dual responsibilities of the school mental health professional, diagnosing of children's problems and bringing understanding of the child and needed treatments to the parents, are also privileges. They are best accomplished in an atmosphere of mutual respect and sharing. They can result in the parents' increased acceptance of his child, delight in the progress he makes, optimism about his future, and appreciation for the shared responsibility of his care and education.

NAME

HOME ADDRESS TEL:

BUSINESS ADDRESS TEL:

PRESENT POSITION

EDUCATION: B.A. (), B.S. (), M.A. (), M.S. (), M.ED. (), MASTERS + DOCTORAL CREDITS (), PH.D. (), ED.D. (), IF OTHER, SPECIFY:

Please check or circle the appropriate items below, indicating MAJOR speciality to the left of each applicable category and minor fields (sub-specialties) to the right.

MAJOR	I	MINOR
()	EDUCATION	()
()	Primary	()
()	Secondary	()
()	Post-secondary	()
()	Vocational	()
()	Teacher training	()
()	Non-formal	()
()	Bi-lingual/cultural	()
()	Evaluation/assessment	()
()	Management	()
()	Planning	()
()	Finance	()
()	Economics	()
()	Facilities	()
()	Curriculum	()
()	Materials	()
()	OTHER:	()

MAJOR	II	MINOR
()	SOCIAL SCIENCES	()
()	Anthropology	()
()	Economics	()
()	Demography	()
()	Rural sociology	()
()	Social psychology	()
()	Political science	()
()	Social work	()
()	Public administration	()
()	Environmental studies	()
()	OTHER:	()

MAJOR	III	MINOR
()	COMMUNICATIONS	()
()	Radio	()
()	Television	()
()	Audio-visual	()
()	Theater, dance, mime, etc.	()
()	Graphics/photography	()
()	Movie film/filmstrips	()
()	Games/simulation	()
()	Programmed instruction	()
()	Data-processing	()
()	Research	()
()	Planning	()
()	Utilization	()
()	Evaluation/assessment	()
()	Communication satellites	()
()	OTHER:	()

MAJOR	IV	MINOR
()	DEVELOPMENT-RELATED SPECIALITIES	()
()	Agriculture/agronomy	()
()	Nutrition	()
()	Health/sanitation	()
()	Markets/cooperatives	()
()	Home economics	()
()	Women's roles in development	()
()	Family and society	()
()	Voluntary organizations	()
()	Rural development	()
()	OTHER:	()

V

GEOGRAPHIC AREAS OF SPECIAL COMPETENCY

Please indicate areas of work EXPERIENCE at the left, areas studied at the right.

() Latin America () () Asia () () Africa () () Arab States () () OTHER ()

VI

FOREIGN LANGUAGE(S) IN WHICH YOU ARE FLUENT OR USEFULLY PROFICIENT

Please indicate FLUENT on the left, usefully proficient on the right.

() Spanish () () Portuguese () () French () () Arabic () () OTHER ()

VII

PRIOR WORK EXPERIENCE WITH INTERNATIONAL AGENCIES INVOLVED IN DEVELOPMENT

Please indicate FIELD work to the left, other working relationships to the right.

() AID () () UNDP () () UNESCO () () FAO () () WHO () () ILO ()
() World Bank () () IBD () () OAS () () CARE () () Ford Fndn() ()OTHER()

VIII

AVAILABILITY FOR CONSULTING WORK:

Please circle periods during which you now EXPECT to be available.

1978 OCT NOV DEC 1979 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Please circle lead time you would normally need.

one week two weeks three weeks four weeks six weeks eight weeks OTHER

Could you accept short-term appointments almost any time with such notice?

YES NO